

# Personalized treatment strategies for depression

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# PERSONALIZED TREATMENT STRATEGIES FOR DEPRESSION

1. The presence of a comorbid personality disorder diagnosis does not affect acute phase treatment outcomes for depression, and it is therefore highly recommended to follow evidence-based treatment guidelines for depression regardless of a comorbid personality disorder diagnosis. *This thesis*
2. Given its enduring effects following successful acute phase treatment, and its potential as an add-on treatment option when other treatment options have failed, psychotherapy should have a central part in treatment planning for depression. *This thesis*
3. Models that combine multiple individual characteristics, each having a small predictive effect, show promise as a means of producing powerful prediction of outcomes, and could potentially personalize long-term treatment strategies and enhance precision medicine. *This thesis*
4. Although prediction models have the potential to personalize treatment strategies for depression, their development is a work in progress, and steps towards external validation are impeded by a striking heterogeneity of data collection, statistical methods, study populations and the execution of treatments. *This thesis*
5. Improving personalized treatment strategies could resolve the over- and under treatment of depression and its negative consequences, including long treatment trajectories, chronicity, demoralization, decreased psychosocial functioning, high societal costs and treatment dropout. *Valorization addendum*
6. Bridging the gap between research and clinical practice from an interdisciplinary perspective is crucial to solve complex clinical and statistical problems in depression. *Personal note*
7. The notion that all psychotherapies are – on average – equally effective is not a carte blanche to drift from evidence-based protocols towards friendly conversations focusing solely on the therapeutic relationship. *Personal note*
8. The translational value of neuroscience in depression is questionable, when it imposes a reductionist framework on a highly heterogeneous phenomenon, rather than serving as an investigative tool for problems relevant to clinical practice. *Personal note*
9. Truth in our ideas means their power to “work”. James, 1907, Pragmatism: a New Name for Old Ways of Thinking
10. At the end of reasons comes persuasion. Wittgenstein, 1969, On Certainty
11. Kan alleen maar zeggen ‘t weinige da ‘k weet. Tourist LeMC, 2015, Koning Liefde